CARY	(ee	HORROS	ks	Sc
		ame (prin		

State Assembly

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK IF LOAN	CHECK IF IN KIND
Committee To Elect Bob Brens 7310 Smoke RANCHRO	10-29-60	500-		
LV. New				
Committee To Elect Greg Brower 2275 Silver Ridge Dr	10-30-00	250-		
Revo Nu				<u>-</u>
Republican leadership CAUCAS 6465 LAredo ST	1/-3-00	2000 -		
CU New				
Tim Behrend T 4073 NCAS VESAS Blog	10-15-00	400 -		
Neuapa Republican Party 528 S. Decatur	10-21-00	2059-		V
LU New				

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GARY Lee HORROCKS SA	5tate AssemBLY	19
Candidate's Name (print)	Office Office	District (if applicable)

Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
11-1-00	7,33		

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Candidate's Name (print)

**Office** 

District (if applicable)

## **Expenses Categories**

CATEGORIES (	CODE	TOTALS
Office expenses	A	203,50
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	4657,30
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	100-

Horrocks Sr Candidate's Name (print) e Assembly District (if applicable)

Expenses in Excess of \$100

Ех	Expenses in Excess of \$100			
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF BACH EXPENSE	
United States Post office LAS URGAS NEUAPA	D	10-15-00	//40 <del>-</del> /00 <del>-</del>	
Mike The Printer POBOX 97112 C.U. New 89193	D	10-2-00 10-6-00 10-29	460 ~ 385,04 370 ~	
Commercial Plastics 2800 S. Highland L.U. New	D	10-9-00 10-23-00	85,69 57,57	
Office MAX 41 . S. Nellis LU Neu	A	10-17-00	102.94	
We MAil 3111 SUAlla VIEW CU NEW	D	10-21-00	2059-	

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CARY Lee HORROCKS SR State Assembly 19
Candidate's Name (print) Office District (if applicable)

## Expenses of \$100 or Less

ATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY	DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGOR
10-1-00	100-	5			
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	ant s		nlicated if additional spa		

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